

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION
FORMAL COMPLAINT

2004 MAR 22 P 3
Illinois Commerce Commission
527 E. Capitol Avenue
Springfield, Illinois 62701
CHIEF CLERK'S OFFICE

For Commission Use Only:

Case: 04-0291

ORIGINAL

Regarding a complaint by (Person making the complaint): JOHN H. HOLDMAN

Against (Utility name): COMMONWEALTH EDISON COMPANY

As to (Reason for complaint) EXCESS INSURANCE PAYMENT CHARGES

in SOUTH HOLLAND Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is 137 EAST 159th PLACE, SOUTH HOLLAND, IL. 60473

The service address that I am complaining about is 137 EAST 159th PLACE, SOUTH HOLLAND, IL

My home telephone is [708] 333-5828

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [708] 466-4664

(Full name of utility company) COMMONWEALTH EDISON COMPANY (respondent) is a public utility and is subject to the provisions of the Illinois Public Utilities Act.

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.

APPLICABLE LAW, COMMISSION RULES, OR UTILITY TARIFFS THAT APPLY

Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?

☒ Yes ☐ No

Has your complaint filed with that office been closed?

☒ Yes ☐ No

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

THE COST OF INCOME PROTECTION WAS APPLIED TO MY COMED.

BILL EACH MONTH.

2. NOVEMBER 2002, I CANCELLED SAID INSURANCE. ComEd CONTINUED TO APPLY THIS CHARGE TO MY BILL. (SEE ATTACHMENTS) (13)
3. ALL EFFORTS TO RESOLVE THIS ISSUE HAVE BEEN FUTILE.
4. ALTHOUGH BILLS WERE SOMETIMES PAID LATE, TOTAL AMOUNT BILLED WAS ALWAYS PAID. (SEE BILLS).
5. SINCE DECEMBER 2002, A TOTAL OF \$155.52 WAS WRONGFULLY APPLIED TO MY UTILITY BILL.

Please clearly state what you want the Commission to do in this case:

SECURE A REFUND TO ME, OR A CREDIT TO MY UTILITY ACCOUNT.

Date: March 15 2004
(Month, day, year)

Complainant's Signature

John Holzman

If an attorney will represent you, please give the attorney's name, address, and telephone number.

You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).

VERIFICATION

A notary public must witness the completion of this part of the form.

I, JOHN HOLZMAN, first being duly sworn, say that I have read the above petition and know what it says.
The contents of this petition are true to the best of my knowledge.

(Signature)

John Holzman

Subscribed and sworn/affirmed to before me on (month, day, year)

March 15 2004

Theresa M. Watkins
Notary Public, Illinois



NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.